DECLARATION FOR PATENT APPLICATION				Docket Number (Optional)
As a below named inventor, I h	ereby declare th	nat:		
My residence, post office addre	ess and citizensi	nip are as stated bel	ow next to my name.	
-	and sole invento subject matter w	or (if only one name i	is listed below) or an original, for which a patent is sought o	AL 14! 4
is attached hereto unless the f	a	s United States App	lication Number or PCT Intern	
Number		nd was amended on		(if applicable)
hereby state that I have review amended by any amendment re acknowledge the duty to discill hereby claim foreign priority be certificate, or § 365(a) of any Pelow and have also identified international application having Prior Foreign Application(s)	elerred to above, ose information venefits under 35 CT International below, by checki	which is material to p U.S.C. § 119(a)-(d) application which de ing the box, any fore	patentability as defined in 37 (or § 385(b) of any foreign app esignated at least one country algn application for patent or in	CFR § 1.56. Dilication(s) for paterit or Thyentor's other than the United States, listed oventor's certificate, or PCT
(Number) -	(Country	у)	(Day/Month/Year Filed)	
(Number)	(Countr	γ)	(Day/Month/Year Filed)	
hereby claim the benefit under	•	* -	• •	listed below.
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Application Number)		(Filing Da	ate)	
(Application Number)		(Filing Da	1(e)	٠ ،
hereby claim the benefit unde	r 35 U.S.C. 6 12	0 of any United State	es application(s), or § 365(c) (of any PCT International application
between the filing date of the p	rior application a	ind the national or Po (Filing Dat		s patented, pending, apandoned)
Application Number)		(Filling Dat	,	,
Application Number)		(Filing Dat	le) (Statu	s palented, pending, abandoned)
i hereby appoint the following a Patentiand Trademark Office o			ute this application and to tran	sact all business in the
1 127	Robert J.	Doherty		
Address all telephone calls to	Robert J.		at telephone number	401/431-1320
Address all correspondence to	Robert J.	-Doherty		
. 301 . x25	11 George	S t		
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				nents made on information and
belief are believed to be true; a	nd further that th	ese statements were	e made with the knowledge th	at willful false statements and the
such willful false statements ma	ly jeopardize the	validity of the applic	cation or any patent issued the	
Full name of sole or first invent	or (given name,	family name) _ R.E.	BEKAH R. SADIOW	
Inventors signature	n P T	X11000	Citizenship US	Ä
Dool Office Address CO D		•		
Lincol	n. Rhode	Island 02	865	
Full name of second joint inver	itor, if any (given	ı name, family name	Date	
Second Inventor's signature _			: Citizenship	
Post Office Address				
Full name of . 3rd: joint inven	tor, if any (given	name, family name))	
3rd Inventor's signature _		province a second or a	Date	
LOS! Olling Wildigs				

Additional inventors are being named on separately numbered sheets attached hereto.